## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000075561

Entity Name: PHYLLIS L. OSTERCHRIST, CPA, P.A.

FILED May 03, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

405 SOUTH HARBOR DRIVE 4865 LONGWOOD POINT

NORTH KEY LARGO, FL 33037 US COLORAODO SPRINGS, CO 80906 US

Current Mailing Address: New Mailing Address:

405 SOUTH HARBOR DRIVE 4865 LONGWOOD POINT

NORTH KEY LARGO, FL 33037 US COLORADO SPRINGS, CO 80906 US

FEI Number: 65-0615231 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LYNN, SANDRA T ESQ 830 N KROME AVE

HOMESTEAD, FL 33090 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

L. \_\_\_\_\_

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PS
 ( ) Delete
 Title:
 PS
 (X) Change ( ) Addition

 Name:
 OSTERCHRIST, PHYLLIS L
 Name:
 OSTERCHRIST, PHYLLIS L

 Address:
 405 SOUTH HARBOR DRIVE
 Address:
 4865 LONGWOOD POINT

City-St-Zip: KEY LARDO, FL 33037 City-St-Zip: COLORADO SPRINGS, CO 80906 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS L OSTERCHRIST PS 05/03/2004

Electronic Signature of Signing Officer or Director

Date